

**Utah's Division of Child and Family Services**

# **Southwest Region Report**

## **Qualitative Case Review Findings**

**Review Conducted**

**May 21-25, 2007**

*A Report by*

*The Office of Services Review, Department of Human Services*

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August 1, 2007

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# **I. Introduction**

The Southwest Region Qualitative Case Review for FY 2007 was held the week of May 21-25, 2007. Reviewers representing the Office of Services Review, Division of Child and Family Services and community partners participated in the review.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a “marked decline,” which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## **II. System Strengths**

In the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was identified by the reviewers during the preparation for the exit conference. Not every strength was noted in every case. Nevertheless, each of these strengths contributed to improved and more consistent outcomes for specific children and families.

### **STRENGTHS:**

#### **PLANNING**

- Service planning and services are individualized.
- Families’ desires are included in the Child and Family Plan and Long-term View.

#### **TEAMING**

- There was a great team that was all “on the same page” and knew the Long-term View for the family.
- All team members felt empowered to call a team meeting.
- The worker rebuilt and engaged the team and gave them a voice again.
- The provider supported the foster parents.

#### **ASSESSMENT**

- The team went out of their way to make sure the child got his needs assessed.
- The family was treated with sensitivity to their culture.

#### **DCFS STAFF**

- Families trust their workers.

- DCFS was “thinking outside the box” to support the family.
- Supervisors were accessible to help resolve problems when turnover and caseload issues required intervention.
- One mother used to feel DCFS was just out to take her child away, now she sees they are trying to strengthen her family and keep them together.
- A client has noticed the amazing change in service delivery over the past 10 years.

#### TRANSITION

- Children are included in transition planning.
- Visitation continued beyond adoption.

### III. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. OSR staff supporting the qualitative reviews interview key community stakeholders such as providers, representatives from the legal community, other community agencies and DCFS staff. This year the Qualitative Case Reviews in the Southwest Region were supported by focus groups with the Southwest Executive Leadership Team (DCFS administrators), the Regional Placement Team, and the Cedar City Quality Improvement Committee. Individual interviews were conducted with the principal of Sanpete Academy, the Regional Director of DCFS, the Director of the Family Support Center, an Assistant Attorney General, the local Director of Utah Foster Care Foundation, and the Director of Turning Point.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted:

#### **What is working well?**

There is good communication between DCFS and private providers. Providers know who to call if they have a problem. The lines of communication are always open, even directly to the Regional Director.

Teaming is going very well. Families are involved and the parents’ goals are achievable because they have the support of the team.

A private placement provider participates on the Regional Placement Team so he can participate in screening kids for placement with their agency. This provider also has a monthly meeting with the Community Service Managers to talk about issues with proctor parents, treatment providers, etc.

The St. George shelter had an issue with licensing and had to close down. Kids are now placed in foster homes as shelter placements, which has turned out to be a better solution than having the shelter.

The Cedar City DCFS office has been very appreciative of their community partners and has shown this by sending them a plant and other tokens of appreciation. The region has also helped fund community partners when the Legislature has declined to do so.

The leaders of the Southwest region of DCFS are amazing. There are many challenges right now but community partners are confident they will be addressed because of the quality of the leadership.

There is good partnering between DCFS and legal partners across the region.

Foster parents feel well supported. When they leave the system it is for personal reasons, it is not due to frustration with the system or lack of support.

QI committees are well organized and working well across the region. For example, the Cedar City QI Committee has done a great job getting the DCFS message to the media. They are beginning to see the fruits of their labors in the good press they are receiving and the number of volunteers who are coming forward. They have also been educating the community on the issue of methamphetamine use.

Workers are well trained and completely trained before they receive a caseload. Workers buy in quickly to Practice Model. There is a good feedback loop from new workers to the trainer to administration so the needs of new workers can be met. The mentoring process is also going well.

**What are the challenges? Where are improvements needed?**

Foster parents don't seem to understand what the kids have been through. Also, they are naïve about things like recognizing drug abuse, inappropriate lyrics, gang signs, etc. There are also some biases against placing children in adoptive families whose values differ from the placement committee's values.

Everyone interviewed mentioned caseworker turnover as a major challenge that was negatively impacting outcomes for kids and families. Young workers leave as soon as they find a job where they can make more money. This impacts providers in that they are constantly having to orient and train workers in the specifics of their programs.

Caseloads are high and workers often seem to be overwhelmed. All supervisors have case loads, which makes it difficult for them to provide supervision and mentoring to their workers. Workers will not be willing to continue to work as much over time as they have been. They are getting burned out.

Turnover in the St. George Guardian ad Litem's office and the heavy workloads of Guardians ad Litem and Assistant Attorneys General are impacting the amount of time they can spend on individual cases. Legal partners did not appear to be nearly as familiar with the cases as they have been in previous years.

The Office of Licensing is at capacity on the number of homes they can license in a year. Even if there were more families recruited, they wouldn't be licensed because the Office of Licensing wouldn't be able to get to them. Also, the monitoring requirements on licensors are increasing so they have less time to license families.

The Adam Walsh Act has created huge delays on getting background checks on kinship families so children can be placed with them.

Population growth happened so quickly that they have been forced to rely on one placement provider because others could not be developed quickly enough. That provider is challenged to keep pace with the growth. They are seeing more struggles and disruptions because it's too stressful on the provider and homes aren't as well prepared.

**What do you see as emerging trends?**

The epidemic of methamphetamine use is a very concerning trend. Stakeholders believe that if they don't get a handle on it soon they will all be in big trouble.

Children are incredibly aggressive and uncontrollable at younger ages (7 to 9 years old). Kinship placements can't handle them and the parents just want to relinquish their rights. There are so many kids coming into the system with very serious problems it is questionable whether the system will be able to absorb all of them.

It is getting increasingly difficult to find foster families who will take teenagers. DCFS is strongly dependent on contracted placements due to the lack of structured foster homes. They need more therapeutic homes because kids are coming into care with tougher problems. Many families are recruited and trained because they want to adopt, then they leave the foster care system as soon as the adoption is finalized. Foster/adopt homes only want children ages three and younger. DCFS is having a hard time finding homes even for children as young as five and six years old. The region is approaching a crisis due to a scarcity of care providers.

More kids that would have gone to JJS are staying in foster care because "probation is being soft on them." If the kids were charged with the things they had done, they would meet the point system and qualify for JJS services. Because they are not being charged they remain in foster care.

There are pockets within the region where the population is 30-40% Hispanic. It is difficult to get them involved in services because many are in the country illegally.

**If you could accomplish or change one thing, what would it be?**

DCFS staff need to be adequately compensated for the work they do.

Set performance standards for the Office of Licensing and hold them accountable or consider privatizing licensing.

Assure that the Legislature will not cut funding to DCFS as the lawsuit comes to an end. No one wants to see DCFS return to serving families the way they did before the lawsuit.

Start advertising being a foster parent as a job and follow the professional parenting model.

Develop an intensive in-home model that will effectively treat parents who use methamphetamine, something that would be far more intensive than PSS services. Some users who are not serious addicts may be successful remaining at home with their children if they had better services.

The region needs a place where children can remain with their mothers while the mother receives substance abuse treatment. The region also needs alcohol and substance abuse treatment centers for teens, a resource family consultant, and a drug court in Cedar City.

## **IV. Child and Family Status, System Performance, Analysis, Trends, and Practice Improvement Needs**








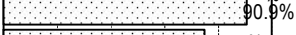
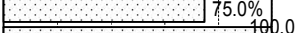
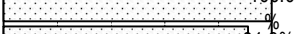

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percentage of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

## Child and Family Status Indicators

### Overall Status

Southwest				FY03	FY04	FY05	FY06	FY07	
Child Status	#	#						Current Scores	
	Acc	Unacc	Exit Criteria 85% on overall score						
Safety	21	2		96%	100%	100%	96%	91%	
Stability	15	8		83%	92%	92%	79%	65%	
App of Placement	21	2		96%	100%	100%	100%	91%	
Permanency	14	9		75%	92%	88%	79%	61%	
Health/Phy Well-being	23	0		100%	100%	100%	96%	100%	
Emo/Behav Well-being	20	3		92%	96%	92%	100%	87%	
Learning Progress	23	0		88%	100%	96%	100%	100%	
Caregiver Functioning	10	1		100%	100%	100%	100%	91%	
Family Functioning	12	4		73%	78%	94%	57%	75%	
Satisfaction	23	0		100%	96%	100%	96%	100%	
<b>Overall Score</b>	<b>21</b>	<b>2</b>		<b>96%</b>	<b>96%</b>	<b>100%</b>	<b>96%</b>	<b>91%</b>	Decreased but above standard

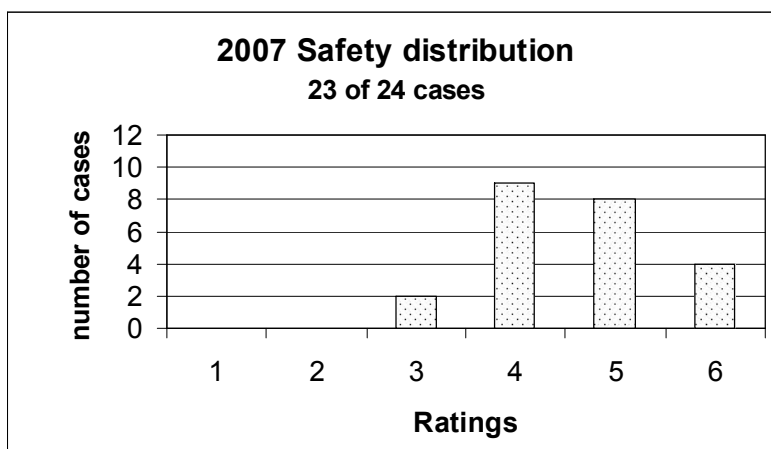
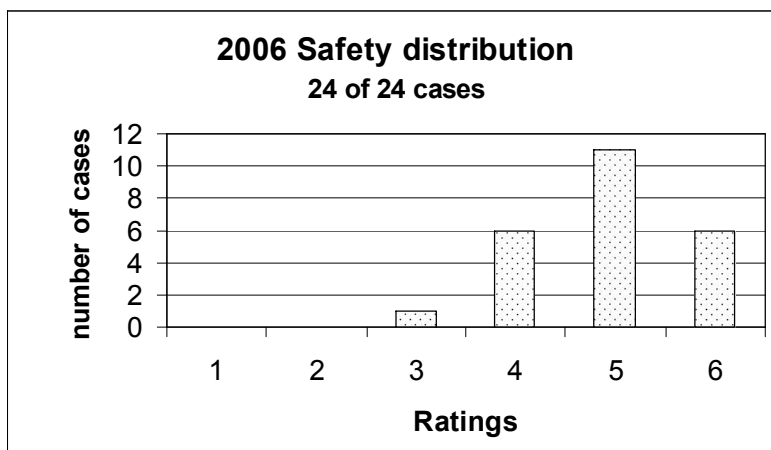


The results of all Child Status indicators will be reviewed in this section. In accordance with the focus on whether the region is advancing or declining, the results of those indicators that have been identified as key indicators (Safety, Stability, Prospects for Permanence and Family Functioning) will be compared to last year's results. For the other non-key indicators only this year's results are included.

## Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

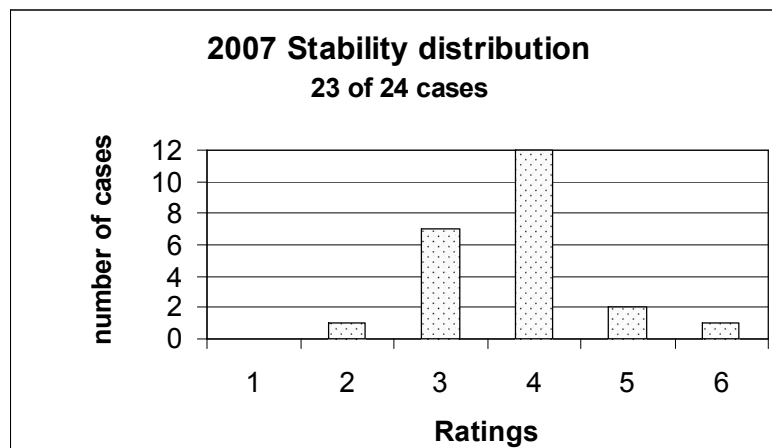
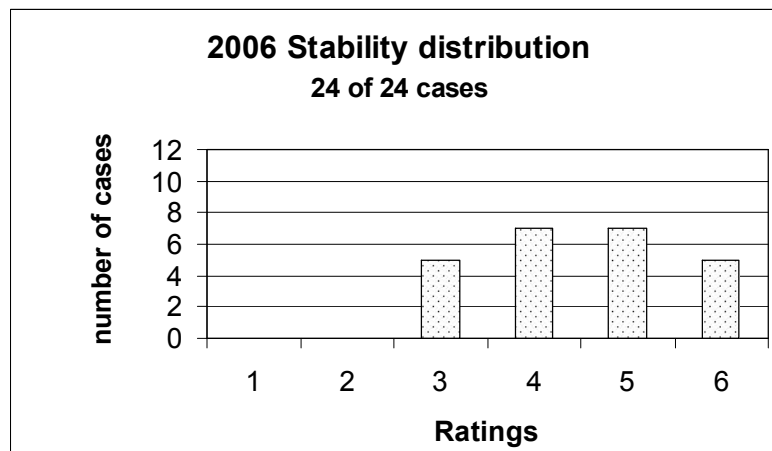
**Findings:** 91% of cases reviewed were within the acceptable range (4-6). This is down from 96% last year. There were two cases that received an unacceptable score on safety. There was also a shift in score from the substantially acceptable-optimal range last year to the minimally acceptable-substantially acceptable range this year.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

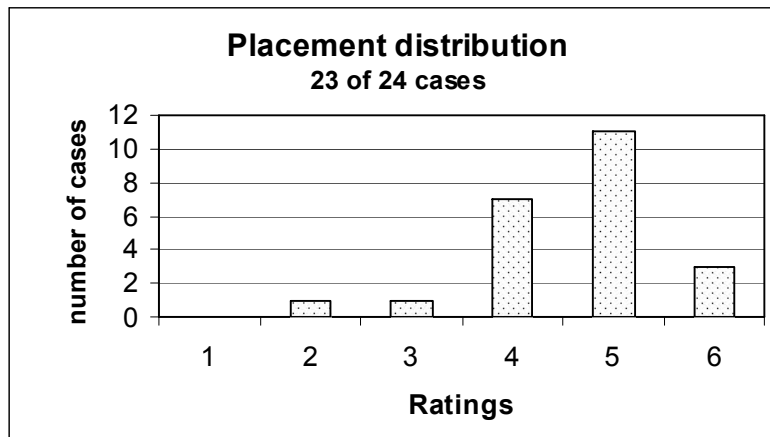
**Findings:** 65% of cases reviewed were in the acceptable range (4-6). This is down from 79% last year. There was also a shift in the range of scores. Last year 12 of the acceptable cases were either substantially or optimally acceptable. This year 12 of the acceptable cases were only minimally acceptable.



## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age ability and peer group and consistent with the child's language and culture?

**Findings:** 91% of cases reviewed were in the acceptable range (4-6). This is a modest decline from last year's score of 100%, but it is still an excellent score.



## Satisfaction

**Summative Question:** Are the child and primary caregiver satisfied with the supports and services they are receiving?

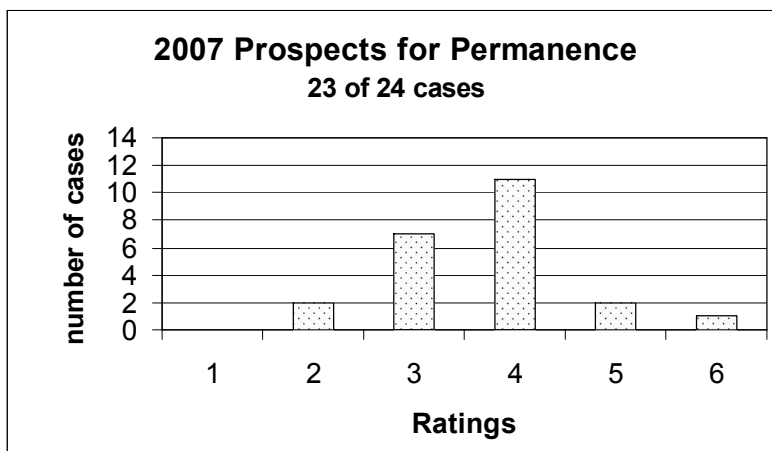
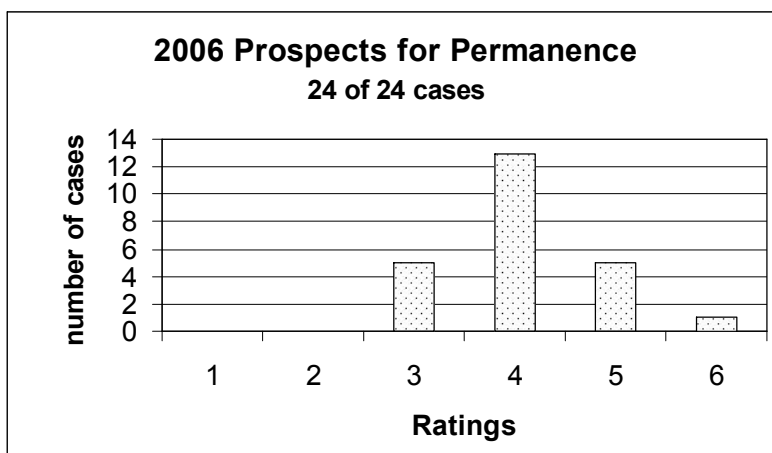
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The region has scored 96% or better on this indicator for the past five years. Most of the scores on this indicator were substantially acceptable and a couple were optimally acceptable.



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

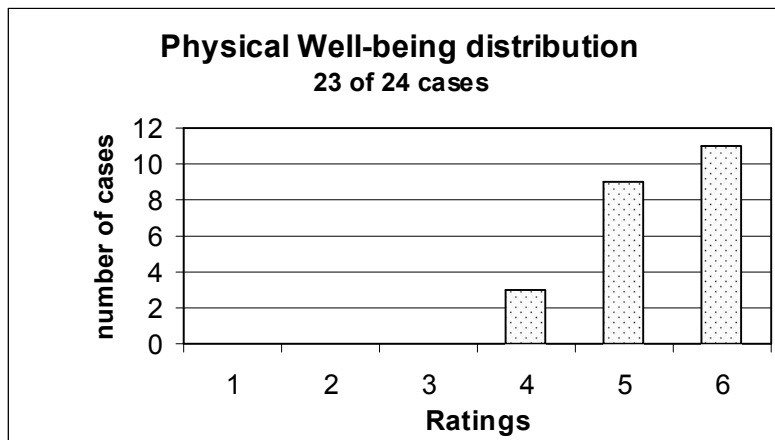
**Findings:** 61% of cases reviewed were within the acceptable range (4-6). This was a substantial decline from last year's score of 79% and the FY2005 score of 88%. The range of scores also shifted from minimally-substantially acceptable to the minimally acceptable-partially unacceptable range.



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

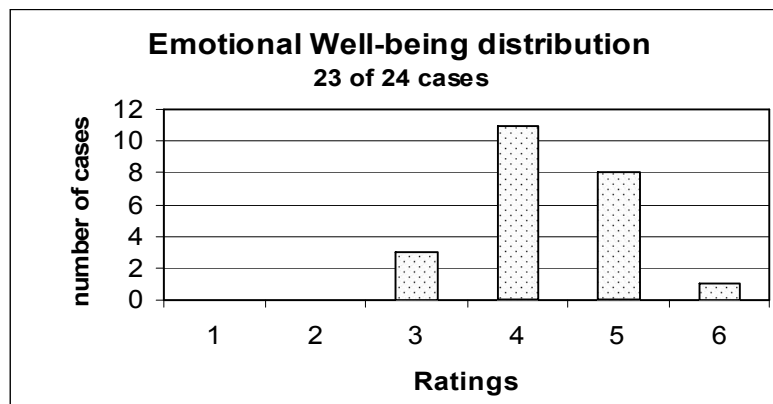
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). Only three cases received a minimally acceptable score; most were found to have substantial or optimal health status.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 87% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 100%, but it is still a very good score.

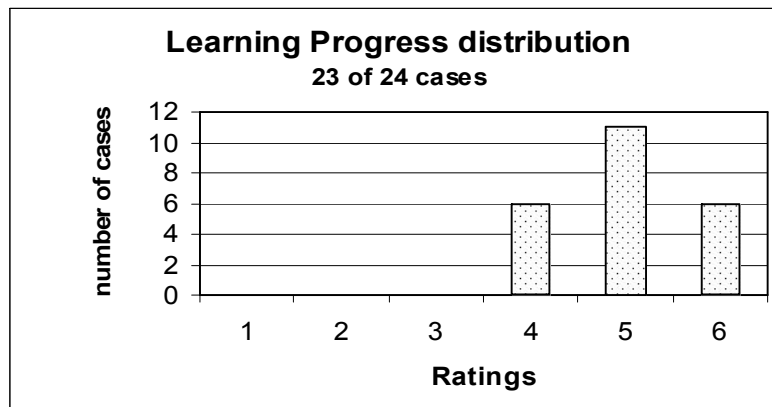


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability?

**Note:** There is a supplementary scale used with children under five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

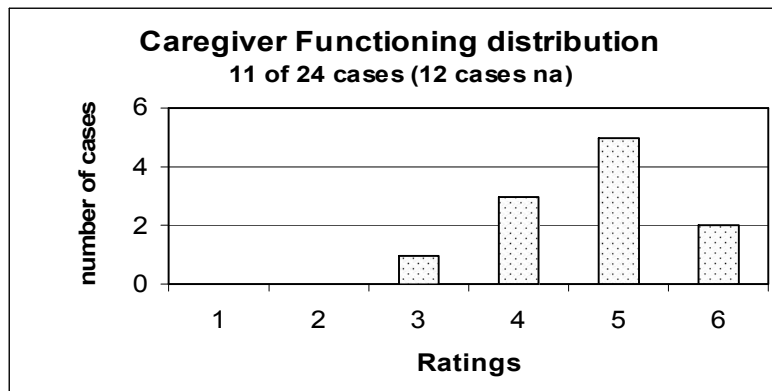
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The region's scores on this indicator have been 96% or higher for the past four years. Most of the scores were substantially or optimally acceptable.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

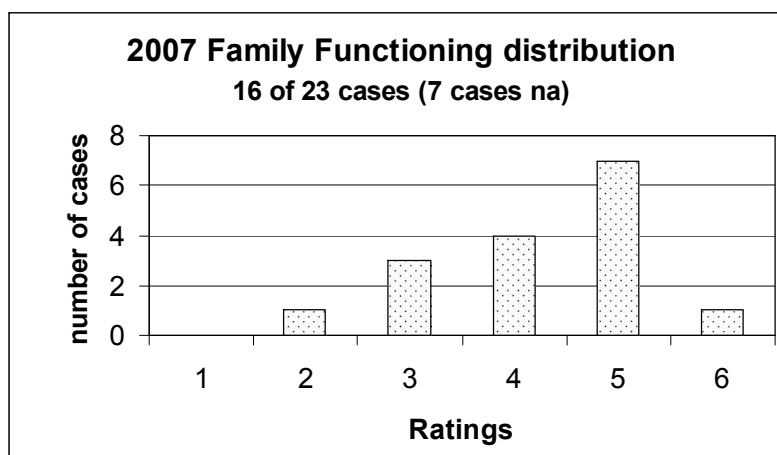
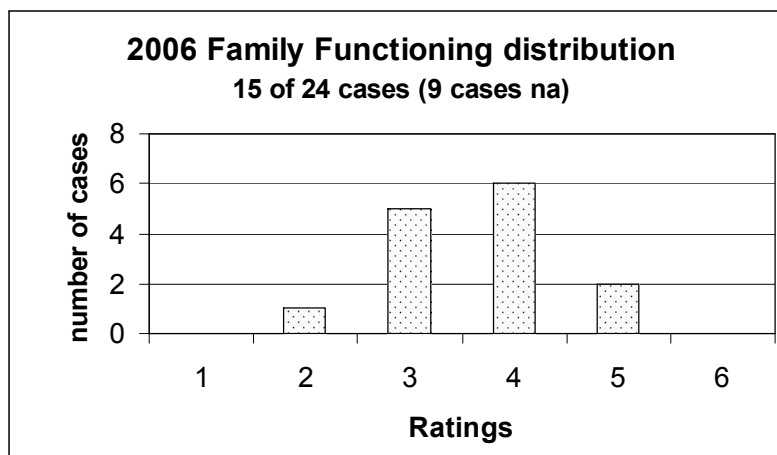
**Findings:** 91% of cases reviewed were within the acceptable range (4-6). This is a modest decline from the 100% score the region earned on this indicator the past four years, but it is still an excellent score. Most scores were in the range of substantially-optimally acceptable.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

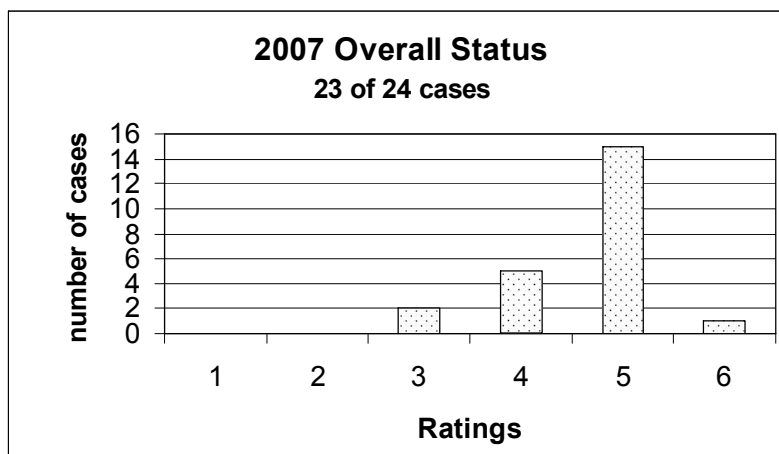
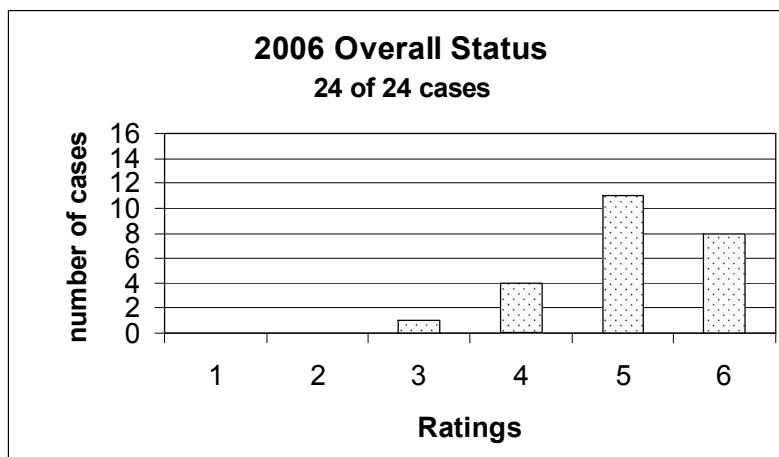
**Findings:** 75% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a substantial increase from last year's score of 57%. There was also a shift in the scores from minimally acceptable to substantially acceptable.



## Overall Child and Family Status

**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump,” so the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.



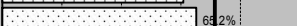



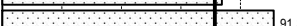
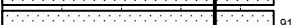


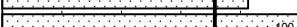

**Findings:** 91% of cases reviewed were within the acceptable range (4-6). Only two cases had unacceptable overall Child Status and both of these were due to unacceptable scores on safety that “trumped” the overall score. There was a shift in the range from substantially-optimally acceptable to substantially acceptable. This indicator declined but 91% is still an excellent score and it remained above standard.





## System Performance Indicators

### Southwest

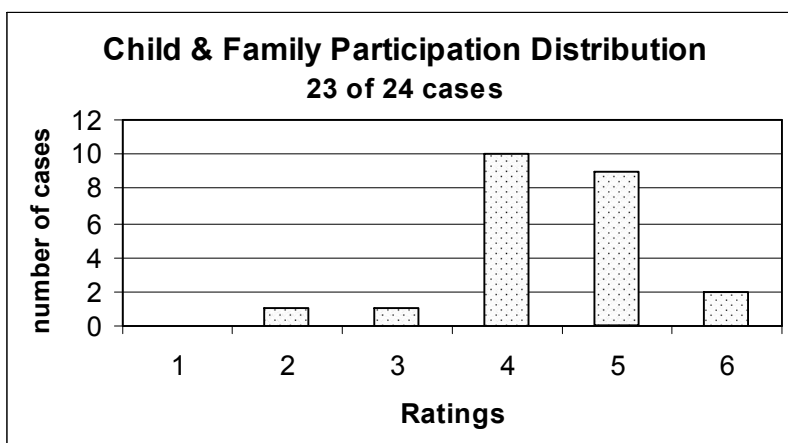
System Performance					FY03	FY04	FY05	FY06	FY07	
	#	# Exit Criteria 70% on							Current	
	Acc	Unacc	Exit Criteria 85% on overall score						Scores	
C & F Teaming	19	4		82.6%	92%	96%	100%	92%	<b>83%</b>	Decreased but above standard
C & F Assessment	14	9		60.9%	63%	83%	88%	71%	<b>61%</b>	Marked decline
Long-term View	15	8		66.2%	54%	88%	92%	83%	<b>65%</b>	Decreased and below standard
C & F Planning Process	19	4		82.6%	79%	83%	96%	92%	<b>83%</b>	Decreased but above standard
Plan Implementation	19	4		82.6%	92%	96%	100%	88%	<b>83%</b>	Decreased but above standard
Tracking & Adaptation	17	6		73.9%	96%	96%	100%	92%	<b>74%</b>	Decreased but above standard
C & F Participation	21	2		91.3%	83%	96%	96%	88%	<b>91%</b>	
Formal/In Supports	21	2		91.3%	92%	92%	100%	100%	<b>91%</b>	
Successful Transitions	17	6		73.9%	83%	88%	100%	96%	<b>74%</b>	
Effective Results	19	4		82.6%	83%	96%	100%	96%	<b>83%</b>	
Caregiver Support	11	0		100.0%	86%	100%	100%	100%	<b>100%</b>	
<b>Overall Score</b>	<b>19</b>	<b>4</b>		82.6%	<b>88%</b>	<b>92%</b>	<b>100%</b>	<b>92%</b>	<b>83%</b>	Decreased and below standard

The results of all System Performance indicators will be reviewed in this section. In accordance with the focus on whether the region is advancing or declining, the results of those indicators that have been identified as core indicators (Child and Family Team Coordination, Child and Family Assessment, Long-term View, Child and Family Planning Process, Plan Implementation and Tracking and Adaptation) will be compared to last year's results. For the other non-core indicators only this year's results are included.

### Child/Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

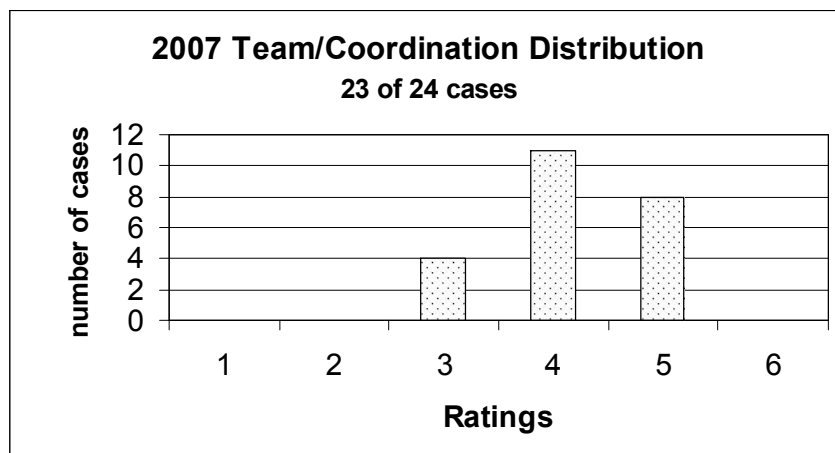
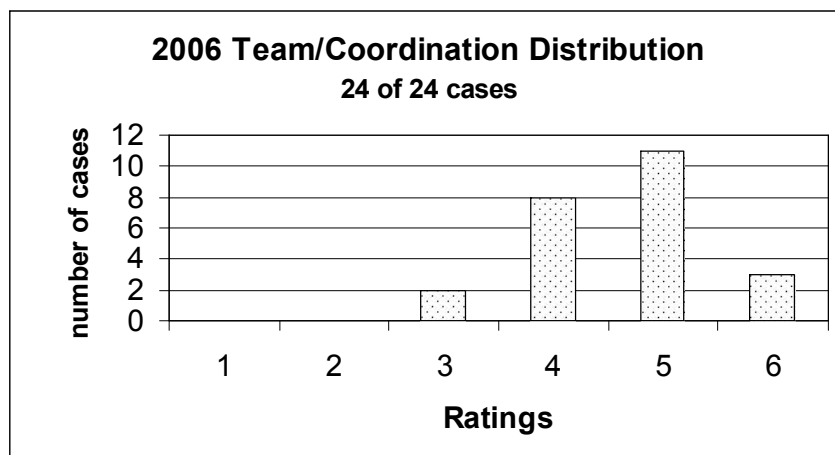
**Findings:** 91% of cases reviewed were within the acceptable range (4-6). This was a slight increase from last year's score of 88%.



## Child/Family Team and Team Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

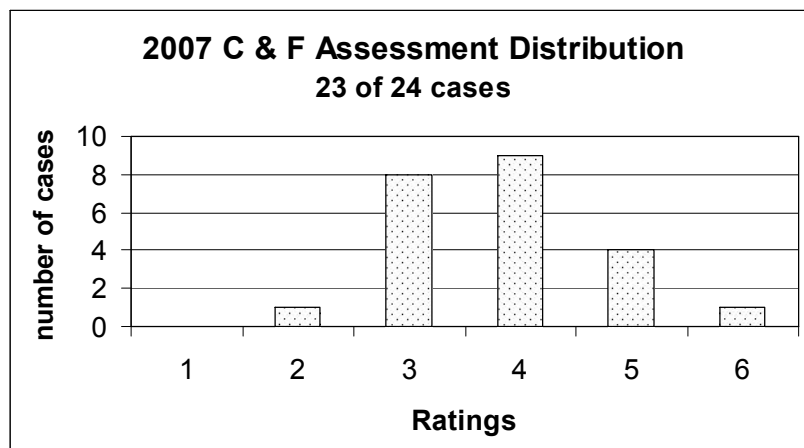
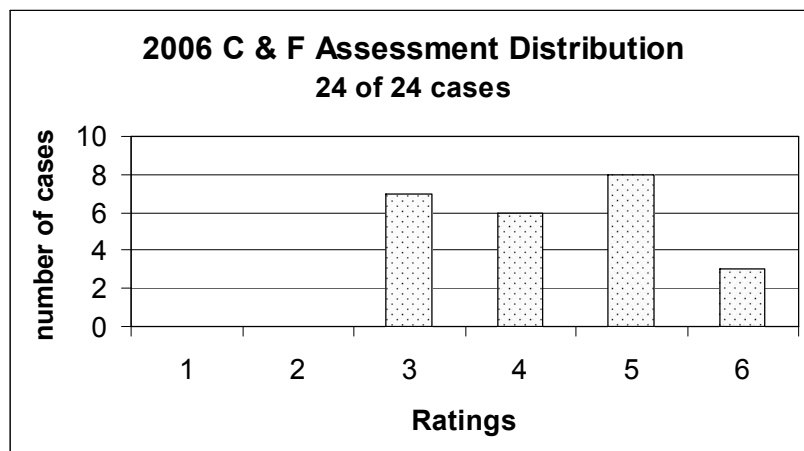
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 92%, but the score remained above standard. There was a shift in the range of the scores from substantially-optimally acceptable to minimally-substantially acceptable.



## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

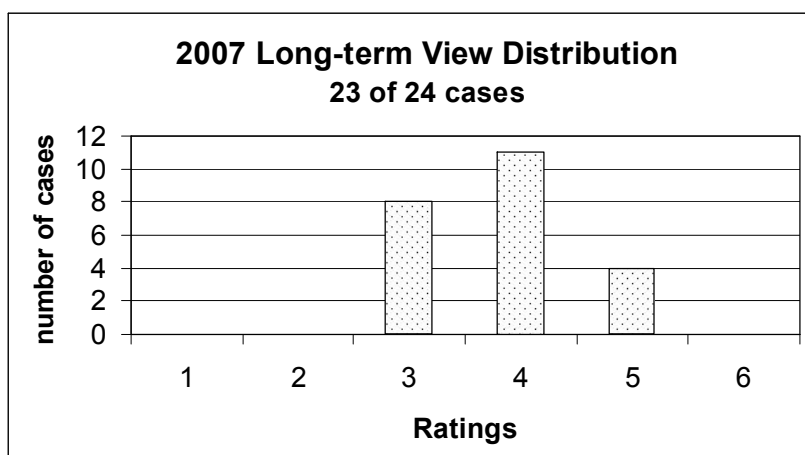
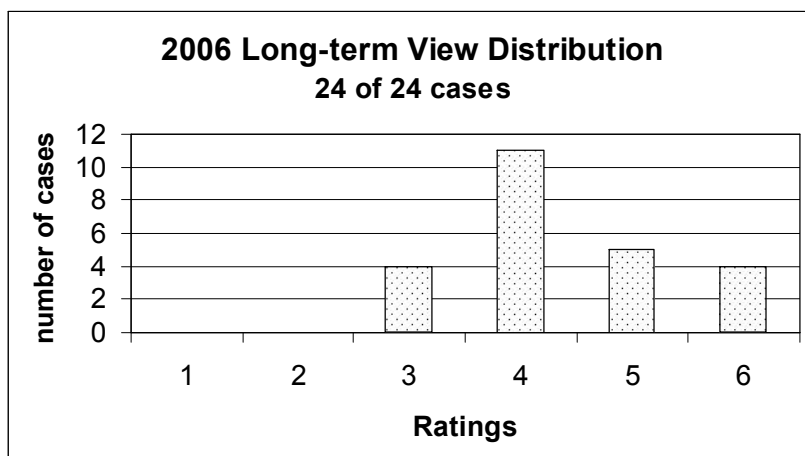
**Findings:** 61% of cases reviewed were within the acceptable range (4-6). This is a 10 percentage point decrease from last year’s score of 71% and an even more dramatic decline from the FY2005 score of 88%. This indicator showed a marked decline. There was also a shift in the range of the scores on this indicator from minimally-substantially acceptable to partially unacceptable-minimally acceptable.



## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

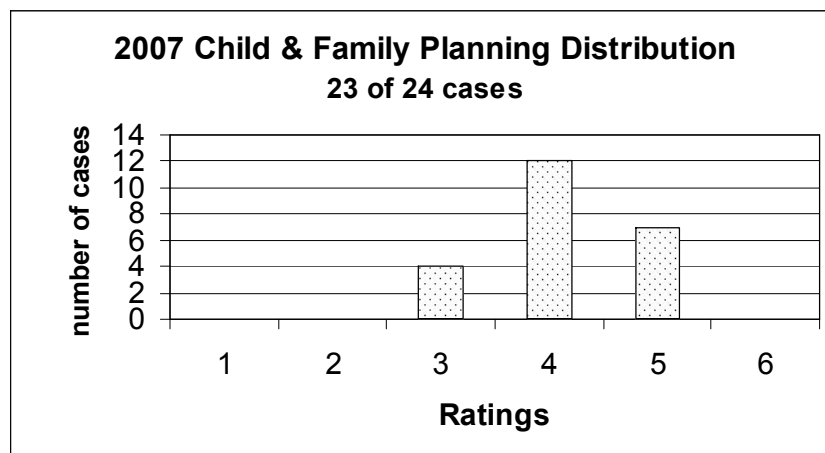
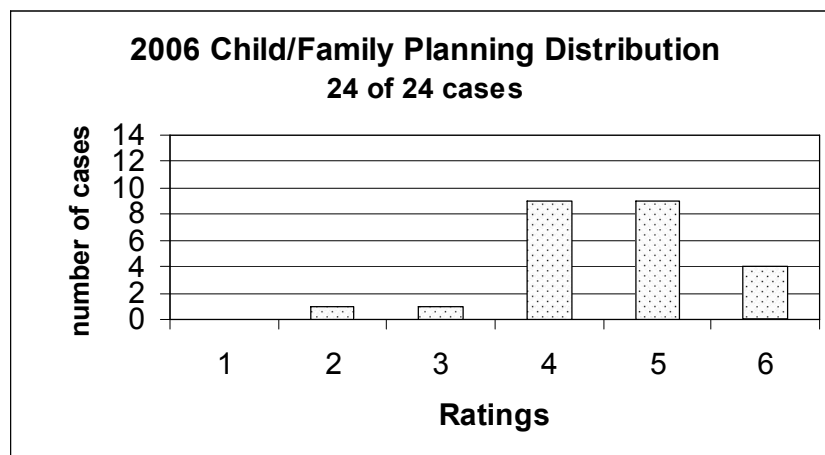
**Findings:** Southwest region received a score of 65% on this indicator. This is a decline from last year's score of 83% and the FY2005 score of 92%. There was also some shift in the range of scores, with no cases receiving an optimal score and four more cases receiving unacceptable scores than received unacceptable scores last year.



## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

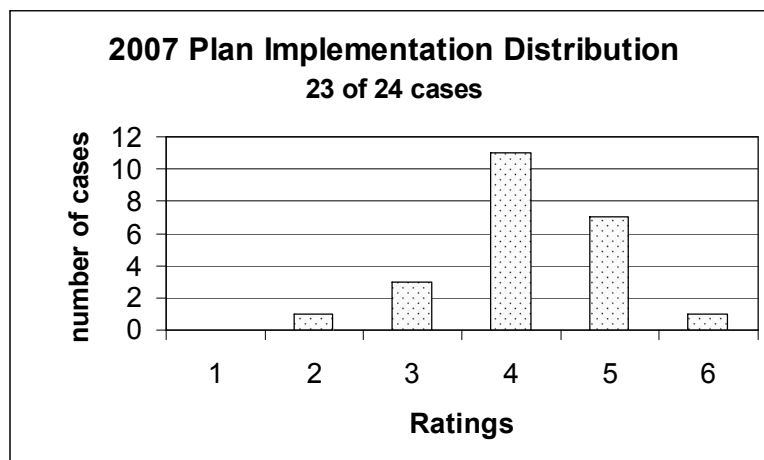
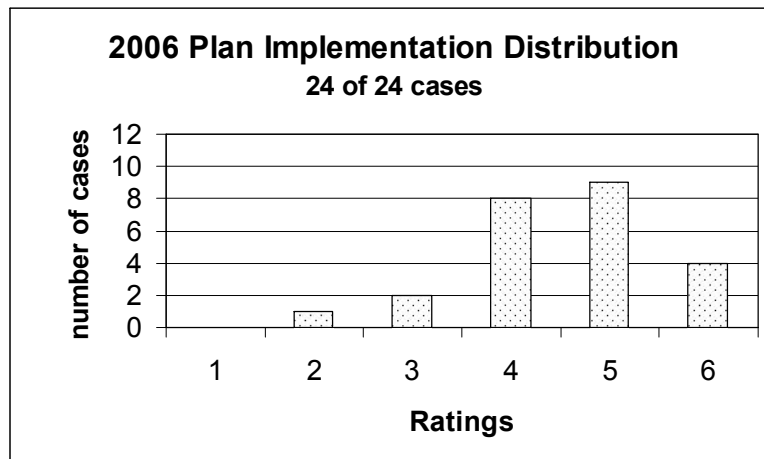
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 92% and the previous year's score of 96%, but the score remained above standard. There was also a shift in the range from substantially-optimally acceptable to minimally acceptable.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

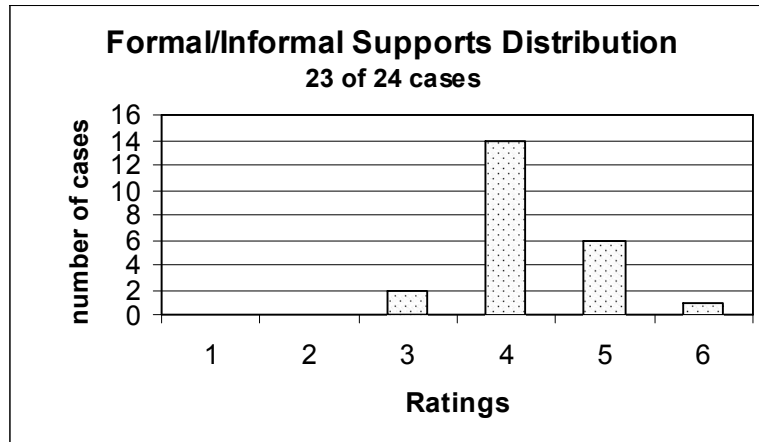
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). While this is a decrease from last year's score of 88% and the FY2005 score of 100%, the score remained above standard and the range remained similar to last year.



## Formal/Informal Supports

**Summative Questions:** Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

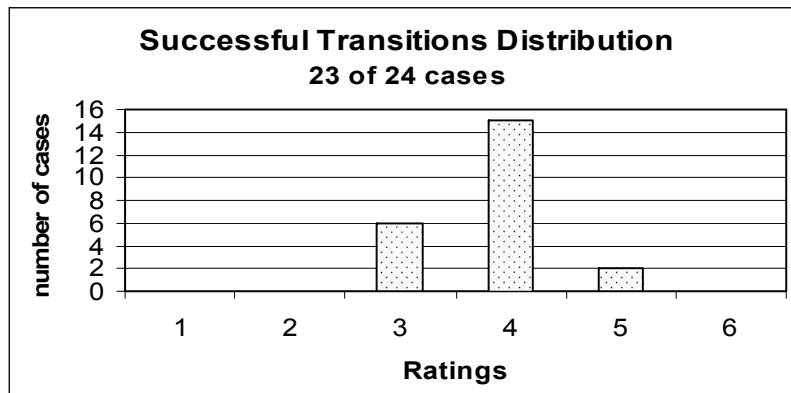
**Findings:** 91% of cases reviewed were within the acceptable range (4-6). This is a small decline from last year's score of 100%, but it is still an excellent score.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

**Findings:** 74% of cases reviewed were within the acceptable range (4-6). This is a substantial decline from last year's score of 96% and the FY 2005 score of 100%.

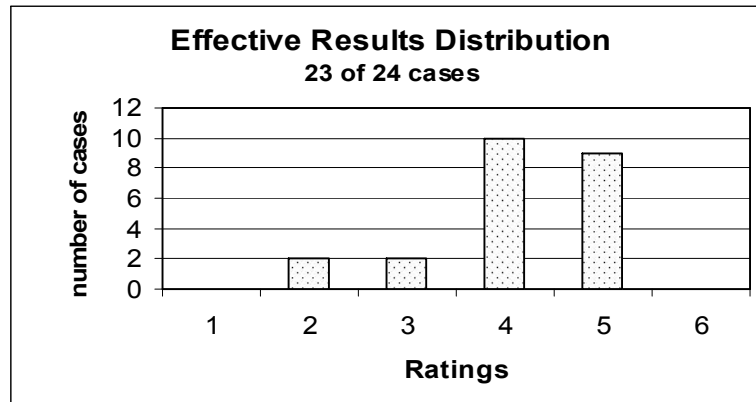




## Effective Results

**Summative Questions:** Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

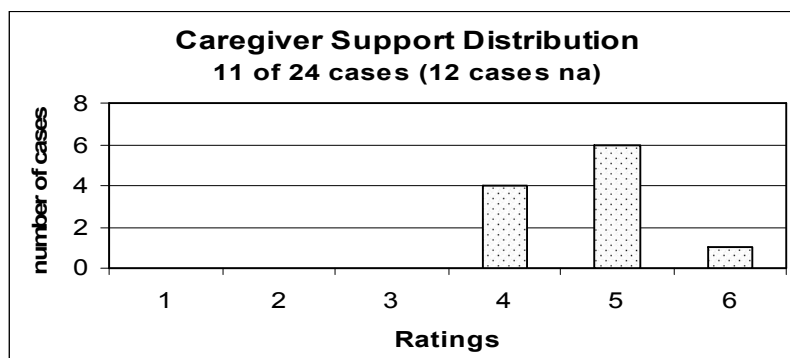
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 96% and the SY2005 score of 100%, but it is still a good score.



## Caregiver Support

**Summative Questions:** Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

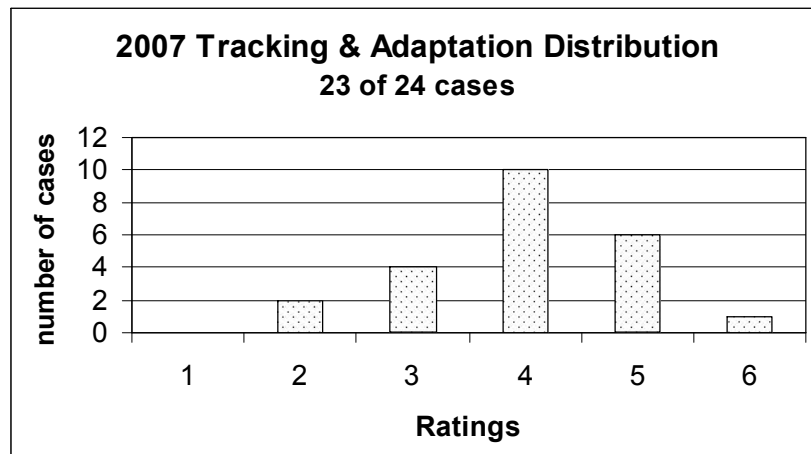
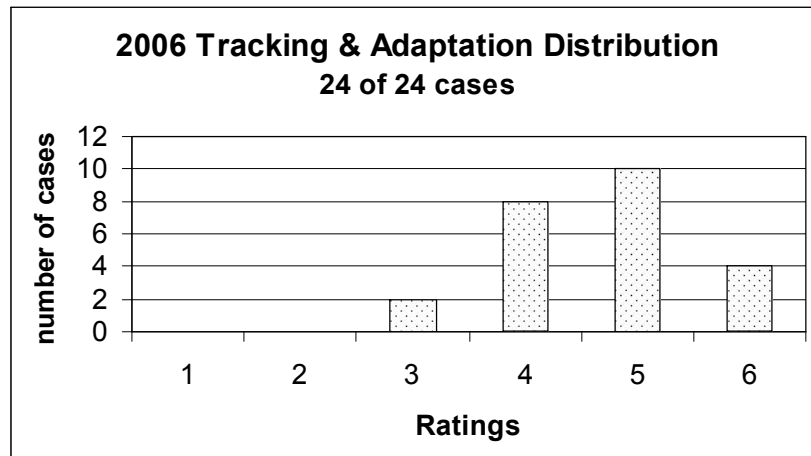
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). The region has achieved a score of 100% on this indicator for four consecutive years.



## Tracking and Adaptation

**Summative Questions:** Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

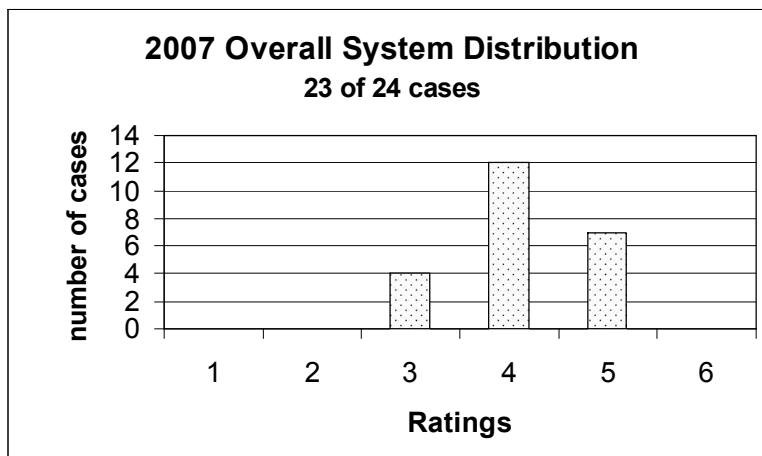
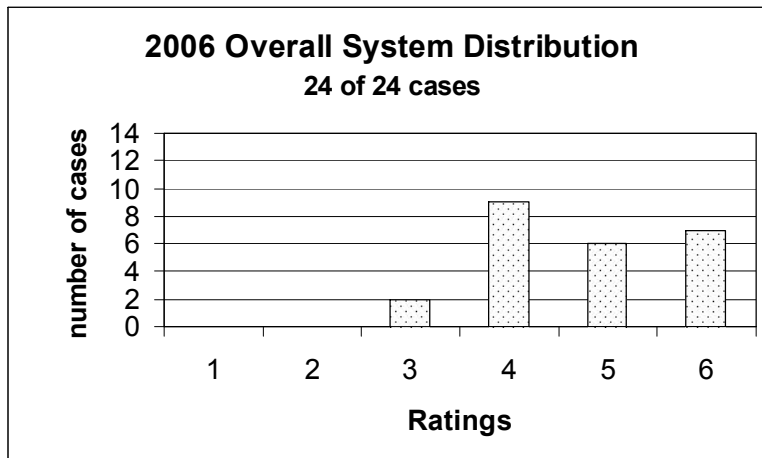
**Findings:** 74% of cases reviewed were within the acceptable range (4-6). This is a substantial decline from last year's score of 92% and the FY2005 score of 100%.



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 92% and the FY2005 score of 100%, and it is below standard. Several scores also moved from the optimal range to the minimally acceptable range.



## Analysis of Scores by Case Type

Thirteen of the cases scored were foster care cases (57%) and 10 were home-based cases (43%). These two categories of cases scored quite differently on the core indicators, with foster care cases scoring significantly better than home-based cases. In the following chart unacceptable scores have been highlighted.

Team	Assessment	View	Planning	Implementation	Adaptation
<b>Foster Care Cases</b>					
1	4	3	3	4	3
2	4	4	4	4	5
3	5	3	4	5	4
4	4	3	3	4	3
5	5	5	5	5	5
6	4	4	4	5	5
7	5	6	4	5	5
8	3	3	3	4	4
9	5	5	5	5	5
12	5	4	4	4	4
13	5	4	4	4	3
14	4	4	4	4	4
<b>Home-based Cases</b>					
11	4	5	5	4	5
15	3	2	3	3	2
16	3	3	3	4	4
17	4	3	3	3	5
18	5	4	3	4	4
19	3	3	5	3	4
20	4	4	4	5	4
21	4	4	3	3	4
22	4	4	4	5	4
23	4	3	4	4	4
24	5	5	4	4	6

On Child and Family Team/Coordination, Child and Family Assessment, Long-term View and Child and Family Planning foster care cases scored substantially better than home-based cases. On Plan Implementation and Tracking and Adaptation home-based cases scored somewhat higher than foster care cases.

Indicator	% Acceptable Foster Cases	% Acceptable Home-base Cases
C&F Teaming	92%	73%
C&F Assessment	67%	55%
Long-term View	75%	55%
C&F Planning	100%	64%
Plan Implementation	75%	91%
Tracking and Adaptation	67%	82%

## Analysis of Scores by Worker Experience

Although caseworker turnover was frequently mentioned by stakeholders and region staff as a concern, it does not appear to relate directly to whether a case had acceptable overall system performance. As the chart below illustrates, of the four cases that had unacceptable Overall System Performance, two were from workers with less than a year of experience and the other two were from workers with more than a year of experience. There was some difference in performance when looking at percentages; 78% of new workers' cases had acceptable overall scores while 86% of experienced workers' cases had acceptable overall scores. Although the effects of turnover appear to be minimal when looking at the Overall System Performance scores, reviewers gave several examples in the stories of how they saw turnover affecting scores on individual indicators and, more importantly, the effect turnover had on children and families. Several such examples are related later in this report.

An important note about worker experience is that there was a dramatic difference from last year to this year in the number of workers with less than a year of experience. Last year only two of the 24 workers in the sample were new workers. This year 10 of the 24 workers in the sample had less than a year of experience! It is remarkable that with this many new workers there was not a more noticeable difference in scores for the two categories of workers.

System Performance			
Months Employed	# in sample	# Acceptable	% Acceptable
0-12 mos.	9	7	78%
13+ mos.	14	12	86%
<b>TOTAL</b>	<b>23</b>	<b>19</b>	<b>83%</b>

## Analysis of Scores by Caseload

As with caseworker turnover, stakeholders frequently mentioned rising caseloads as a concern. This concern was not supported by the data. In fact, of the four cases that had unacceptable Overall System Performance, three were from workers who had manageable case loads (16 cases or less). Only one of the cases was from a worker with more than 16 cases.

Looking at all workers reviewed, the average caseload was identical last year and this year—13.6 cases. However, there were four supervisors who were in the sample and had their own cases reviewed because they are carrying caseloads in addition to their supervisory duties. When these four supervisors are eliminated from the data, the average caseload rises to 15.4, an increase of almost two cases per worker. The number of workers with high caseloads (more than 16) remained nearly the same this year (eight workers) and last year (seven workers).

<b>System Performance</b>			
	# in sample	# Acceptable	% Acceptable
16 or less	16	13	81%
17 or more	7	6	86%
<b>TOTAL</b>	23	19	83%

## Status Forecast

An additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver is the child and family's overall status likely to improve, stay about the same or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the 23 cases that were scored, six were expected to remain the same, one was expected to decline or deteriorate, and 16 were expected to improve.

## Outcome Matrix

The display below presents a matrix analysis of the results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

Obviously, the most desirable result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient and resourceful children and families or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents an exceptional level of positive outcomes. Twenty-one cases had acceptable overall Child Status and nineteen had acceptable overall System Performance. These results are a good achievement for any child welfare system.

	<b>Favorable Status of Child Outcome 1</b>	<b>Unfavorable Status of Child Outcome 2</b>	
<b>Acceptable System Performance</b>	Good status for the child, agency services presently acceptable.  n= 18  78%	Poor status for the child,  agency services minimally acceptable but limited in reach or efficacy.  n= 1  4%	<b>Total</b>      <b>83%</b>
<b>Unacceptable System Performance</b>	<b>Outcome 3</b> Good status for the child, agency mixed or presently unacceptable.  n= 3  13%	<b>Outcome 4</b> Poor status for the child, agency presently unacceptable.  n= 1  4%	      17% <b>Total</b> <b>91%</b> <b>8%</b> <b>100%</b>

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Southwest Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewer's perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the case worker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level only the key Child Status indicators and core System Performance indicators are included.

### **Child and Family Status**

#### **Safety**

An important key factor in child welfare is safety. In the acceptable cases, the target children were found to be safe from others, not a threat to themselves, and not a safety risk to others. The safety indicator looks at both the home and the school environment.

In cases that received acceptable scores on Safety, if there was a safety concern, a safety plan was in place to reduce the risk to the children. In other cases a plan such as supervised visitation (if the parents were a risk to the child) was considered in the acceptable ratings. In some cases where the child was considered a risk to himself, an acceptable rating was given if the child's behavior had shown improvement and the risk was and had been managed for a period of time. In some cases where the parents were considered a risk to the child, acceptable ratings were based on the improvement of the parent's functioning in caring for the child with a safety plan in place. The following example illustrates how effective safety planning by parents and ongoing monitoring by the Division can protect a child.

*As to [the target child's] safety, the family does have a safety plan if things should begin to go wrong. The parents were able to inform the reviewers without them asking about that plan. The plan is there in case there is a [substance abuse] relapse. All parties interviewed saw the relapse as a safety concern for this case although the family is doing very well. There was also a concern that the mother gets frustrated and the team felt that the mother at times needs a time out for herself. There wasn't any major safety concern other than those possibilities. A strength of the parents is that they have not had any positive UA's for many months. For the mother, her*



*results have been negative since July of last year. For the father, his results have been negative for over a year. In addition, there hasn't been any sign that the mother or father has been a safety risk to the family."*

Two cases received unacceptable scores. In one case the concern was that the child may be at risk of perpetrating on another child in the foster home or being at risk due to another child in the home. There was a safety plan in this case; however, the team appeared to be unaware of the plan or have only a vague understanding of the risk. Most importantly, the foster mother seemed to be unaware of the plan and perhaps even unaware of the risk. The following is an excerpt from that story:

*The [kinship placement] family also did not anticipate the effect of [the target child's] behaviors. [The target child] experienced a large amount of trauma and instability in the small amount of time before removal from her parents. Her behaviors, once in the stable placement with her aunt [previous placement] did not make sense to the family. She exhibited some sexual behaviors that were difficult for [the aunt] and her husband and children to deal with such as declaring that she felt like having sex. There was also a concern investigated regarding a male boyfriend that had babysat the children. [The target child] was too young and non-verbal at this time to report, but the older sister reported sexual abuse. By December [the aunt] stated that she was requesting additional support to help [the target child] and by January she requested that [the child] be removed from her home.*

*...There is currently a written safety plan in the case file, but upon discussion with the team, it did not appear that the members were aware of a specific plan, [they just had] generalized knowledge of concerning behaviors that [the child] has exhibited.*

*...Also, it is unknown what risk the other children placed in [the current foster parent's] home pose to [the target child]. The older boy in the home has five different diagnoses, including autism. It was not apparent that the two caseworkers had discussed any of these issues or how they may impact the permanency of either child. The reviewers' concern is that [the target child] will put herself at risk for being perpetrated on if she approaches another child with the statements that she has made to her [aunt]. If the older male in the home is delayed in his development, [the target child] may be at risk for engaging in inappropriate activities with him and it is unknown if he would be able to protect himself and refuse the opportunity.*

*...More attention should be paid to the safety issues involving [the target child's] sexual reactivity. . . . It is unknown if [the target child] has been a victim of sexual abuse, or if she is just reacting to exposure to harmful situations or materials. And yet little focus has been put on preventing more injury from her behaviors to other children or herself.*

In the other unacceptable case, there was again a safety plan; however, the plan was not implemented by the caretakers and was in fact may have been violated in the presence of the reviewers. The following is an excerpt from that case.

*These issues around [the target child's] use of the computer and internet raise serious concerns for her safety. First, the reviewers see that this is a young lady who lacks the emotional maturity to make safe decisions for herself. We see that she has an ongoing history of making poor decisions that put her at risk. We see that this was recognized by the team and a safety plan was*

*created to manage this risk. We found that this is an unmanaged risk because the safety plan was not implemented when the situation was presented before us during our interviews in the home. This lack of adequate supervision and the grandparents' inability to follow through with consequences gives us no confidence that [the target child] is being protected from these risks. For these reasons, we cannot say that [the child] is safe from unmanaged risks. Another minor issue that came up during the review was that [the target child] uses "gangsta" talk in some of her web page postings, but nobody took this seriously as she is all talk and just a "wannabe."*

### **Stability**

Stability looks at the number and length of physical placements and their corresponding effects on the child's relationships with key individuals that are providing services or care. The region had a 14 percentage point decrease (79% to 65%) from the previous year. Twelve of the 15 acceptable cases were only minimally acceptable. In many of the acceptable cases, the child had more than one placement change but had been in a stabilized place for a period of time so the minimally acceptable rating was given. In a number of acceptable cases the child had recently been returned to the care of one of their parents. In a few cases, the caretaker minimized the effects of disruption on the child by maintaining some stability with the service providers, particularly teachers. One case was a good example of how using the Practice Model skills of teaming and assessing led to the child being placed with family where he is expected to remain until maturity.

*The team decided since the father had moved in with his mother, who by all accounts is the "glue" that holds this family together, a psychological and parental assessment needed to be done to see which parent would be the best parent for the children. The assessment came back that the mother was in no position to take the children, and as long as the dad had a responsible adult living in the home that could act as a support to him he could be a capable parent. So the team decided to start the process of home visits and extended home visits with the father...About this same time it appears that the foster parents...told the team that they needed to move the children. A team meeting was held and the decision was made that it was in the best interest of the children not to be placed in a new foster home. Instead they would accelerate the placement of the children with their father. This was accomplished, and in April 2007 the court ordered the foster case to be closed and PSS services to begin... All members of the team, including the family, expect that the family will live at the grandmother's home...so the children probably would be with the grandmother until they are 18.*

There were eight cases with unacceptable scores on stability. In most of these cases there had been three or more placement changes for the target child in the past year. In many of these cases there was also an elevated risk of another disruption within the next year. Five of the eight children involved in these cases were age nine or younger. The following bullet points encapsulate the history of disruption on these cases.

- 13-year-old boy who has had three foster homes, two stays in shelter, three school changes, and a caseworker change in the past 10 months.

- 15-year-old girl who is placed with grandparents. Grandparents are not providing sufficient supervision to protect the child, so the placement is at risk of disruption.
- 9-year-old boy who has had four different placements and is expected to move again within the year.
- 2-year-old boy who has had four placements within the last 12 months and has been in his current placement just 30 days.
- 13-year-old girl who had placement changes in December 2006 and May 2007.
- 4-year-old boy who resides with his mother. Mother leads a chaotic life, moving five times in the past year and having at least that many different jobs. The child is at risk of removal.
- 6-year-old boy who has had three major placement changes this past year with the possibility of another if he returns to his grandmother's home as expected.

The following paragraph is from the story of the eighth child, an 8-year-old girl who had been in custody for six months at the time of the review.

*[The target child] has been in [a private provider's] homes since Dec 5, 2006. She has been in five homes between Dec 5, 2006 and March 22, 2007. She was in the first three homes for a month. She went to the crisis center for one week and then went to the fourth home for one week. She went to shelter for five days and was then put into her current foster home. Stability is slow in coming for [the target child]. She has been in custody six months, has had five placement changes, five school changes, and two therapist changes. The little stability she has shown at this point has been for a very short amount of time. This is being jeopardized by the lack of respite or tracking services from [the private provider]. It is highly likely she will move again with a move to reunify with her birth mother or to be moved to a legal risk home. At this time, a return home is questionable and she is not in a legal risk or long term placement.*

### **Prospects for Permanence**

Prospects for permanence is one of the most important status indicators. It focuses on children and their sense of belonging, stability and family. It looks at a child's relationship to their family or other caregiver. There was an 18 percentage point decrease in acceptable cases this year (from 79% to 61%). There were 14 acceptable cases.

There were nine cases that had the goal of Remain Home; six received an acceptable score and three received an unacceptable score. In the cases that received an acceptable score, the child was living at home and it was expected that they would remain at home. The parent(s) were doing well, but still had some work to do. Two of the unacceptable remain home cases were due to a high risk of the child being removed from their home. In both cases the parents were not completing their service plan. In the other case the team's goal was for the child to reunify with

their natural mother but the mother had a different plan. When the case closed and the mother had custody, the mother planned to return the child to the grandmother to be adopted by her.

There were six cases with the goal of Reunification; four had acceptable scores and two had unacceptable scores. In the acceptable cases the child had not moved back home yet but it was anticipated that they would be home in the near future – 3 to 6 months. There was some confidence that this would happen. In these cases the parents were working on a plan to help them achieve this goal. In the unacceptable cases the parents were not in compliance with the service plan and the team felt it was unlikely the child would be able to return home.

There were five cases with the goal of Adoption; four of these had acceptable scores and one had an unacceptable score. In the acceptable cases the children were living in the prospective adoptive placement. There was a plan for the family to achieve the goal of adoption and the caretakers were committed to the child and committed to the adoption plan. The children were also committed to their prospective adoptive parents. The following is a case excerpt from one of the cases:

*The grandparents appear to be very attached and committed to their adopted [grand]son. They have made plans for their daughter to take [the target child] should something happen to them or they suffer significant health issues since they will be in their 70's when [the child] turns 18. The grandparents have integrated rearing [their grand child] into their retirement . . . The grandparents appear knowledgeable regarding available resources for counseling and are aware that there may be adjustment issues for [the child] as he goes through different developmental stages and deals with his feelings about his parents and adoption . . .*

In the one unacceptable adoption case, the target child's foster parents had not formalized their plan to adopt the child, nor was the child in a foster-adopt home.

None of the cases with the goal of Individualized Permanency received an acceptable score on permanency. The children in those cases were between the ages of 13 and 15. In all those cases the children were a challenge to the caretakers. There wasn't a clear path to permanency. In one case the child was living with grandparents, but the reviewers indicated that the child would likely undergo a placement change within the next 12 months.

The following is a case excerpt from another of the stories with an unacceptable score:

*Kinship placements are being explored through the [tribe] with paternal grandmother and aunt. It is likely that these studies will be approved and the children will go with the relatives at some point. The paperwork is not submitted for the home studies to begin and it is uncertain if the background checks have been submitted at this point. The time frame for completion of the home studies and placement is unknown. The family members have visited the children once. The placement options would be separate for the children and they will not be able to stay together. The paternal grandmother will take [one child], and the paternal aunt will take [the other child]. The mother wants the family members to take custody and guardianship rather than adopt the children. She would like to move to the area once the children are moved and continue to work*

*towards getting the children in possibly a year. There has not been substantial compliance with the service plan at this point and it is unlikely that the children will be able to return home at the permanency hearing at the end of July. The [tribe] indicates that they will support termination of parental rights so that the children can be legally freed for adoption by kinship; however, at this point the kinship family sees this as a temporary situation until the mother makes adjustments and is able to have the children back. The foster parents are willing to adopt the children if they become available to them. If the kinship placements are not approved, the [tribe] would like the children placed in a [tribal] home. Therefore, a placement change is almost certain for these two young children. The children are not currently in their permanent placement, nor are the legal barriers to permanency removed. An ICPC has not been started and approval to place will be awaiting that process as well.*

The following is a table of the scores breakdown according to the permanency goal:

Goal	Total Cases	# Acceptable Scores	# Unacceptable Scores	% Acceptable
Adoption	5	4	1	80%
Remain Home	9	6	3	67%
Reunification	6	4	2	67%
Guardianship	0	0	0	NA
Indiv. Permanency	3	0	3	0%
Total	23	14	9	61%

### **Family Functioning and Resourcefulness**

The Family Functioning and Resourcefulness indicator measures the family's capacity to take charge of its issues and situation. The score on this indicator rose from 57% last year to 75% this year. There were 16 cases scored on this indicator; seven cases were not applicable because the child was not living at home or did not have the goal of reunification. Twelve cases received acceptable scores. Nine of those 12 cases were PSS cases where the child was living at home or with kin. The progress a family can make with the support of DCFS is illustrated in the following case story.

*The parents are functioning well in this case. The parents have made tremendous progress in the past ten to eleven months. The team states that they are taking a lot of responsibility for their actions and they are taking responsibility for their parenting. The team is confident that the parents will be able to continue to build their own supports if they move to a new community. The parents have the skills to do this... They have a new home of which they are very proud. The parents have also been able to get a mini-van which they said they would never have dreamed possible. They are very proud of their success and stated to the reviewers that they didn't realize what they were missing until Child and Family Services entered their lives.*

There were two foster care cases, one in-home case and one voluntary services case that received unacceptable scores on this indicator. In all four of these cases appropriate services had been

offered but the parents were not engaging in the services. In all four of these cases the parents had substance abuse issues. In three of the cases there were domestic violence issues in addition to the substance abuse issues. In two of the cases the relatively low level of the parent's functioning was thought to be a barrier to them benefiting from services. In the two cases where low functioning was not a barrier the parents appeared to be in denial that they had a substance abuse issue and were therefore resisting treatment.

## **System Performance**

### **Child and Family Team/Coordination**

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. There were eight cases that had substantially acceptable practice on this indicator. In these cases teaming was a regular part of practice. The team was meeting frequently, in many cases about every three months. The key players were all participants and they reported feeling that there was good communication and coordination among all team members. Beyond these basics of teaming, team members reported feeling empowered and listened to and they were working together effectively to help the family succeed as indicated in the following examples from two separate cases.

*Especially over the past few months the team has really become a working group with therapy, school, delinquency officer, and biological father all stepping on board to help [the child] succeed.*

*Most members of the team feel that they are heard and listened to during the meetings and that their input is valued during the meetings.*

One case especially illustrated how a team can advocate for a family in a way that contributes substantially to their success. It also illustrates how a team may have success if they present a united front to the judge whereas a worker alone may not.

*One team member interviewed stated that due to the team being on the same page, the parents were more accountable. An example of the strength of the team is when the judge requested that the mother go through an intense outpatient drug and alcohol treatment [program]. The team met together and felt it would overwhelm the parents. They came up with a plan for the mother to attend three times per week, which they presented to the judge who approved it. Teaming in this case really helped the case move forward.*

There were four cases that had unacceptable scores on teaming. The reviewers cited such fundamental things as not holding team meetings or not including many key players on the team as reasons for the unacceptable scores. Needless to say, without these fundamentals the team could not work together effectively or successfully empower the family. The following excerpts are from these four stories.

*The first Child and Family Team Meeting since [the child's] birth [eight months ago] was held in May 2007, two weeks before the review....The drug court counselor, drug court tracker, GAL and AAG are all important members who have not participated in teaming.*

*When the service providers were interviewed for the QCR, each one stated that he/she had "minimal" knowledge of the case and that they had had "minimal or no" contact with [mother] ....Team meetings have not been a regular part of practice and as a result [mother's] follow through with services has not been accurately portrayed.*

*Virtually every party interviewed expressed that there was not communication between DCFS, the family and service providers.*

*The grandparents were included in the initial team meeting that developed the service plan, but were not involved in any other meetings until the decision had been made, eighteen months later, to place with them.*

### **Child and Family Assessment**

There were five cases that received substantially acceptable or optimal scores on Child and Family Assessment. In these cases reviewers saw comprehensive formal assessments and testing that led to identification of needs. They also saw teams that understood the child and family and were able to get a good match between services and needs. In the following example good assessment was cited as the reason the child was able to return home successfully.

*In talking with the team members the reviewers got the feeling that they all understood much about this family. Probably the most critical assessment was the parenting assessment of each parent that took place. It was shared with the team at the right time resulting in a successful return home. Other professional assessments are updated using input from other team members. An example was the psychiatric assessment in which is noted some of the feedback given by the teachers on the Teacher Vanderbilt Rating Scales that describe [the child] on medication and off medication in the school setting. This recent evaluation was given to the school by the therapist for the school's assessment of [the child] which will be used in evaluating her medication needs and needs in therapy. All of this information will then be shared with the team at a medication management meeting set for June.*

There were nine cases that received unacceptable scores on assessment. Some of the reasons cited by reviewers for these scores included missing or delayed formal assessments, good assessment of the parent but none for the child, no sharing of assessment information among team members, or lack of a team that consequently led to a lack of team assessment. The following two examples represent these cases.

*[The mother] has not had a mental health evaluation, although one was court ordered several months ago. The caseworker recently learned that [mother] suffered physical and sexual abuse from her stepfather. She has never received counseling to deal with these issues. Along with these issues she needs to learn how to identify and deal with her substance abuse triggers.*

*There were some good child and family assessments done, but the team members did not always have access to them...The GAL did not have the first mental health assessment. The current therapist did not have access to what had happened in therapy four months prior. The previous therapist had begun to get information about sexual abuse, which no one on the team knew about. This therapist may have played a critical role during the period that [the child] was moved to five placements in six months. No one on the team had access to what was happening with the domestic violence advocate. No one, including the caseworker, had read or had access to the DV evaluation...This case had a lot of good information that had been gathered and recorded, the concern was that not everyone was aware of what had been done.*

### **Long-Term View**

There were fifteen cases that received acceptable scores on Long-term View. Four of the cases were substantially acceptable. In all four of these cases the team had a clear understanding of who the child's permanent family would be. Two of the cases were kinship adoptions and in the other two cases the children were with their biological parents. Steps were in place to assure that these families could maintain their success beyond termination of DCFS involvement. These cases included some nice elements of polishing such as reflecting the family's voice in the long term view and breaking steps down into different time periods. Excerpts from three of these four stories follow.

*The grandparents plan on raising [the target child] and they see themselves raising him to adulthood. They have identified steps to move into retirement...A step to help the adoption be successful has been identified through connecting the adoptive [grand]parents to post-adoption services that may help [them] understand adjustment needs related to adoption. The views expressed in the long-term view statement appear to have been developed directly from family input.*

*The long-term view of [the target child] being adopted by [kin] is shared and acknowledged by all team members...Needs have been identified and broken down into time frames of Immediate, Short-term and Long-term with activities identified in each time frame to support and maintain [the child's] placement with [kin].*

*The current Long-term View is well written, addressing each family member and specifically quoting what they want, stating it in a very achievable fashion. This is overall the greatest strength of the current Long-term View, the fact that it is presented in the family's own words and they addressed their concerns and developed the strategy to address these issues. The current Long-term View also includes the biological father's input.*

There were eight cases that had unacceptable scores on Long-term View. In some cases there were goals but no plans to achieve the goals, in others the team was divided about what the long-term goal should be, there was inadequate concurrent planning, or the placement appeared to be headed for disruption. The following two excerpts are representative of concerns raised by reviewers on these cases.



*Everyone the interviewers talked to understood what needed to happen for [mother] to be successful. However, there was not a written or even a verbal plan of how to make it happen. [Mother] and her mother could identify what needed to be accomplished; however, when the reviewers asked them how [mother] was going to reach her goals, they did not know.*

*The team has an understanding of a long-term view for the parents. It was to reunify the children home and for the parents to complete the [child and] family plan. The family has a completely different long term view for the target child for his permanence. Their goal is for the child to return to live with his grandmother. Not all the team knows this goal. ..There isn't anything in the plan to look at the long-term view of permanence for the target child.*

### **Child and Family Planning Process**

Nineteen cases received acceptable scores on Child and Family Planning Process, and seven of the nineteen were substantially acceptable. Reviewers saw strengths such as including the family's preferences in the plan, teams that pulled together and planned together, adaptations being made to plans as circumstances changed, and identification of the family's strengths and needs. The following example illustrates how constant adaptation of the plan eventually led to permanency for the child.

*The Child and Family Plan reflects the needs and circumstances of this family. When [target child] first came into care, efforts were made toward reunification with his mother. Specific tasks for [his] mother to complete were identified to help her provide for the safety, permanency, and well being of [target child]. When reunification efforts failed, the plan was adapted to allow [target child] and his sister to live with a great aunt and uncle. After the aunt and uncle realized [target child] would not be returning home and that they were not prepared to adopt him and his sister the plan was adapted again to allow [target child] to be placed with his half sister for purposes of custody and guardianship or adoption...The Child and Family Plan has also changed as needs for [the target child] have changed. Therapy for [target child] was group oriented to begin with and has shifted to individual therapy. Therapy appointment times have been adjusted to enable [target child] to attend without a conflict with his school or [caregiver's] work.*

There were only four cases that had unacceptable scores on this indicator. Reviewers cited plans not being completed in a timely manner, lack of input from the family or team, the family's goals not being included in the plan, or lack of individualization. Three of the four cases mentioned that the plan had not changed over the life of the case or been adapted as circumstances changed.

### **Plan Implementation**

Nineteen cases had acceptable scores on Plan Implementation, and eight of these cases were either substantially or optimally implemented. In these cases reviewers observed practices such as adjusting services to meet the family's needs so as not to overwhelm them, adapting services to meet newly arising needs, providing special helps, creating strong informal support systems

that would endure beyond DCFS involvement, and timely delivery of services. The following example is from one of these stories.

*The unwritten and written plans for this family have been implemented to their fullest. The implementation of services has been adjusted to fit the family's needs so as not to overwhelm them, such as with the less intense drug and alcohol services for the parents. Another example is adding marriage counseling following other more intense services to address new arising needs. It has been very timely to the needs of the family. Informal supports such as having the paternal grandparents as daycare providers has been an added support to the family. The tribal services that will continue after the case closes have also been a good use of service supports and implementation.*

There were only four cases that received unacceptable scores on this indicator. In two cases services had been offered, but the mothers were not participating in them. In another case the caregivers were not implementing the safety plan and setting appropriate boundaries to protect the child. In another case key services had not been implemented and there was no concrete plan to accomplish adoption.

### **Tracking and Adaptation**

There were 17 cases that received acceptable scores on Tracking and Adaptation, and seven of these were either substantially or optimally acceptable. In these cases team members were in constant communication with each other. Whenever there was a change the team members were tracking the progress of the parents and helping them stay focused and on task. They were aware of when parents began to feel overwhelmed or needed additional services and they made appropriate adjustments to service delivery. The following example illustrates how excellent tracking and adaptation by the team helped the parents stay on track and prevent relapse.

*Tracking was done through team meetings, emails, phone calls and sharing of documents between the team players. Team members reported being constantly on the same page due to the well tracked case. The substance abuse counselor provided constant updates with how the mother was doing in treatment both when she was functioning on task or when she was off task. The father's progress in his mental health services was also kept constant. If there were any missed appointments or lack of follow through on assignments, the worker was informed and the team worked together to get the parents back on task. The team also adapted to the needs of the parents. Once the domestic violence services were completed, the team members saw some discord with the parents. To address this, they put marriage counseling in place. These adaptations in services helped the parents avoid relapse behavior.*

There were six cases that received unacceptable scores on Tracking and Adaptation, two of which were substantially unacceptable. In four of these six cases the primary concern was lack of tracking progress of the parent or kinship caregiver. This led to confusion among team members about what the parents had and had not accomplished. The following two excerpts illustrate these concerns.

*There have been a lot of really good services offered in this case, but the tracking of them has not always been consistent. There had not been any tracking on birth mother on her progress with domestic violence. One person interviewed stated that the DV work was a strength in the mother. However, since November when the children came into custody she has only attended twice in group and twice with the DV worker. This is a key piece in the plan for reunification.*

*Throughout the life of the case it appears the caseworker has trusted [mother's] self report of her lack of need for IOP and of her attendance record at counseling and AA meetings. [Mother's] reports have not been consistently corroborated with service providers, leading to an assessment by the team of [mother's] needs and progress that is incomplete and misfocused.*

### **Turnover**

An issue that came up repeatedly in the case stories was turnover of caseworkers. This was also the concern most often raised by community partners in the stakeholder interviews. It was referred to on several cases as an underlying cause of lack of teaming, tracking, etc. Although it did not always lead to unacceptable scores, it often led to lower scores than would otherwise have been earned on the case. The following comments are excerpts from stories where reviewers noted the effects of turnover. Each is from a different story.

*Following the termination of parental rights there was not an immediate use of the team to facilitate the adoption and this did not happen until a new caseworker was assigned in January 2007. This lag time was likely due to the original caseworker leaving the agency and a delay in assignment to a new caseworker who then got the team and the adoption process back on track.*

*This PSS case has been open since April 2006. There have been four caseworkers on the case in that time. [There had been no team meetings in the past eight months, and reviewers cited worker turnover as an underlying cause.]*

*The teaming was minimally acceptable in spite of the turnover of caseworkers, maternity leave and asking a supervisor to cover multiple cases while maintaining supervisory responsibilities for the last three months. These factors decreased the accessibility of the single point of contact for the team.*

*Tracking and Adaptation was severely lacking in this case prior to April. The plans were not modified and supports were not informed as to what other supports were doing. ..The team felt that one reason that Tracking and Adaptation was lacking is due to the high turnover rate and the number of workers involved with the family.*

*The family also has had many worker changes during their time with DCFS and felt that they have had to start over when the workers changed.*

## Recent Improvement

Another thing reviewers frequently mentioned as a reason for unacceptable scores was that good practice on the indicator had been implemented just prior to the review and had been in place for just a few weeks. The protocol requires a pattern of acceptable practice for at least 90 days in order for the indicator to receive an acceptable score. In other cases there was enough implementation of Practice Model to score the case minimally acceptable, but reviewers noted that the case would have scored higher if actions taken in April or May just prior to the review had been consistent throughout the case. The following examples are from five such cases.

*The educators and the school counselor were not invited to a team meeting until April 2007 and they stated that they weren't even aware that the child was under the care of DCFS until that meeting. They each felt that they would have been able to coordinate better services to the child had they known his situation...There were a few team meetings that consisted of primarily family members until the April meeting.*

*The team also felt there was little to no coordination prior to April...April brought a drastic change in the case with the new caseworker. The assessment piece greatly improved, the biological fathers began adding input to the assessment, underlying needs were identified and the team began getting information that they needed to help the family through the process. Prior to the new worker coming on board, the assessment was essentially nonexistent.*

*[The child] has just recently begun to attend therapy regularly and the therapist is still trying to get a handle on [his] behaviors, and still needs to assess the interactions between [the child] and his mother in order to determine more clearly what it will take for the two to be reunified and whether or not [the child's] mother is even capable of having him back home. Had such assessments been happening during the first several months of his case, the team may have had a better understanding of the motives behind [the child's] behaviors and what is required to place [the child] back home...These informal assessments of the mother just recently have been started by the team, as evidenced by the team meeting held at the first of May.*

*There is mention of [the target child's] grandmother raising him because of a promise made to the grandfather dated September 29, 2006, but nothing following up on it until the family team meeting on April 24, 2007.*

*There was a general, implicit long-term view that [the child] needed permanency with a family, but not the information or the steps identified that would enhance the chances of success. However, more recent events and the inclusion of the grandparents in the team has led to changes being made in the long-term view that does include the steps that the team needs to implement to enhance [the child's] chances of finally achieving stability and permanency. This view, however, has only recently been put into place.*

## V. Recommendations for Practice Improvement

Each review week concludes with an Exit Conference that all reviewers, state administrators, and region staff and administration are invited to attend. The exit conference is an opportunity for a conversation between the review teams, regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement.

The reviewers had the following feedback for the region:

### **PRACTICE IMPROVEMENT OPPORTUNITIES:**

#### ASSESSMENT

- Existing assessments could be better utilized by the team.
- Previous assessments need to be passed on to the new therapist.

#### TEAMING

- Non-custodial parents could be more involved with cases.
- Caseworker could take a lead role in developing informal supports.
- Assure all key players are members of the team. Otherwise the team's assessment is likely to be inadequate.
- Hold team meetings at critical points in the case.

#### TRACKING

- Pay close attention to whether or not parents have begun services and closely track their progress.

#### PLANNING

- Assure family members are involved in developing the Child and Family plan.
- Plans need to evolve, adapt and be updated regularly.

#### TRANSITIONING

- Transition planning could be strengthened by looking ahead at upcoming transitions rather than waiting until they are imminent or driven by a crisis.

The reviewers also identified some systemic barriers that are impacting practice. These barriers echo the comments of the community stakeholders in regards to turnover and caseloads.

### **SYSTEM BARRIERS**

- There is a high level of turnover among caseworkers. Low pay for workers and a high cost of living in the area leads to a high turnover rate. Whenever there is a change of case workers, work on the case seems to start over from the beginning.
- Caseloads are high.

- The repeated turnover of the Guardian ad Litem in St. George and the workloads of the Assistant Attorneys General and Guardians ad Litem throughout the region have negatively impacted their ability to work on individual cases.
- Lack of response from the tribe leaves the team wondering what they are going to do and creates the need for many concurrent plans.
- Children are denied visitation or even phone contact with parents and/or siblings due to the inflexible policies of residential treatment providers.

## **REGION INPUT**

Because the score on Child and Family Assessment showed a marked decline, the Regional Director led a discussion with region staff to elicit recommendations on what they could do to improve in this area. Some of the region's suggestions follow.

- Look at the systemic issues around substance abuse and mental health.
- Turnover is affecting the assessment process. The continuity of the assessment process and the sequencing need to be maintained even when the worker changes.
- Look at the ability of supervisors to apply their skills in mentoring when they are required to carry caseloads.
- The region is now seeing the impact on children because of the increased drug use by the parents. More intensive services are required for the parents and the children. It takes more time to get to the underlying needs of the children.
- Make sure the right team members are at the table so that all of the assessment information is available and utilized severe.
- Some cases with higher. Pay attention to the flow of information between team members that are separated by significant distances.
- If a case is stuck, bring in someone with a fresh perspective to help see a way to make an improvement.
- There needs to be more open dialogue to bring hard issues to the team to get their help to get to the heart of the matter.
- Use a subcommittee of the QI committee to help on stuck cases.
- Utilize the abilities, expertise, and talents of staff within the region.

## **VI. Summary**

Over the past several years Southwest Region has been a leader within both the state of Utah and the country in providing high quality child welfare services to children and families. They were the first to meet the exit requirements of the David C. lawsuit and as such have not been subject to court monitoring of their Qualitative Case Reviews for the past two years.

Over the past few years the region has been subject to phenomenal population growth, an increase in the cost of living, an influx of illegal and/or transient populations, a rise in the use of methamphetamines and other factors that are straining the child welfare system. Many

stakeholders as well as reviewers mentioned the change in the feel of the region as it moves from rural to urban and faces the challenge of dealing with “big city” problems with “small town” resources.

It appears these challenges have taken a toll on the region as case worker turnover and work load increased this year and performance on the Qualitative Case Review declined. However, Southwest region’s performance on overall Child Status and System Performance remained in the ninetieth and eightieth percentiles respectively as did three of the six core indicators. There are many systems that would envy the success this region achieves. While community partners are concerned by the trends they see, they also unanimously expressed confidence in the leadership of the region and their ability to rise to the challenges that lie before them.

# APPENDIX



# I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007 Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining, with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*

4. *Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*
5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is

*usually* successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## **Methodology**

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review.

## **Reviewers**

Due to the recent approval of the agreement between the parties to the David C. lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS and community partners.

## **Stakeholder Interviews**

As a compliment to the individual case reviews, OSR staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah’s child welfare system.

Also, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders may be a part of this aspect of the review process.